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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818) <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2005</h3>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/518,436
		Filing Date	December 16, 2004
		First Named Inventor	Haruvasu Yawata
		Examiner Name	Andersen, Michael T.
		Art Unit	3734
TOTAL AMOUNT OF PAYMENT		(\$ ) 790.00	
		Attorney Docket No.	2553-USP-PCT-US

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>01-2215</u> Deposit Account Name: <u>Applied Medical Resources Corporation</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
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<b>FEE CALCULATION</b>																																																							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																																																							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)																																																
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)																																																	
Utility	300	150	500	250	200	100	_____																																																
Design	200	100	100	50	130	65	_____																																																
Plant	200	100	300	150	160	80	_____																																																
Reissue	300	150	500	250	600	300	_____																																																
Provisional	200	100	0	0	0	0	_____																																																
<b>2. EXCESS CLAIM FEES</b>																																																							
<b>Fee Description</b>						<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>																																																
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent						50	25																																																
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent						200	100																																																
Multiple dependent claims						360	180																																																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>Total Claims</b></td> <td style="width: 10%;"><b>27</b></td> <td style="width: 10%;"><b>Extra Claims</b></td> <td style="width: 10%;"><b>Fee (\$)</b></td> <td style="width: 10%;"><b>Fee Paid (\$)</b></td> <td style="width: 20%;"><b>Multiple Dependent Claims</b></td> <td style="width: 10%;"><b>Fee (\$)</b></td> <td style="width: 10%;"><b>Fee Paid (\$)</b></td> </tr> <tr> <td>24</td> <td>- 20 or HP =</td> <td>0</td> <td>x 50</td> <td>= 0</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="8">HP = highest number of total claims paid for, if greater than 20</td> </tr> <tr> <td><b>Indep. Claims</b></td> <td><b>4</b></td> <td><b>Extra Claims</b></td> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>- 3 or HP =</td> <td>0</td> <td>x 200</td> <td>= 0</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="8">HP = highest number of independent claims paid for, if greater than 3</td> </tr> </table>								<b>Total Claims</b>	<b>27</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	24	- 20 or HP =	0	x 50	= 0				HP = highest number of total claims paid for, if greater than 20								<b>Indep. Claims</b>	<b>4</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>				2	- 3 or HP =	0	x 200	= 0				HP = highest number of independent claims paid for, if greater than 3							
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<b>3. APPLICATION SIZE FEE</b>																																																							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																							
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_____ - 100 =		_____ / 50 =	_____ (round up to a whole number) x	_____	_____																																																		
<b>4. OTHER FEE(S)</b>																																																							
Non-English Specification, \$130 fee (no small entity discount)																																																							
Other: Request for Continued Examination (RCE)						790.00																																																	

<b>SUBMITTED BY</b>		
Signature <u>David G. Majdali</u>	Registration No. (Attorney/Agent) <u>53,257</u>	Telephone <u>949-713-8233</u>
Name (Print/Type) <u>David G. Majdali</u>	Date <u>April 18, 2007</u>	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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